INCIDENT REPORT FORM

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Injured Member’s details | | | | | | | | | | | | |
| First name | |  | | Last name | | | | |  | | Date of birth |  |
| Position | |  | | Branch/Department | | | | |  | | | |
| Email | |  | | Address | | | | |  | | | |
| Manager/supervisor’s name  *e.g., Branch Safety Office or Branch Executive* | | | | | | |  | | | | | |
| Injury or illness details | | | | | | | | | | | | |
| Date of injury | | |  | | | Time of injury | | | |  | | |
| Call Sheet Number (if applicable) | | |  | | | | | | | | | |
| Describe nature of injury | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Bodily location of injury | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Location at time of injury | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| How was the injury sustained? (Please provide a detailed account of the incident) | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Was any plant, equipment, substance or thing involved in the injury? If yes, please provide details. | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| What preventative changes, actions and measures have been implemented or could be taken in the future? Provide details; | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Witnesses | | | | | | | | | | | | |
| Were there any witnesses to the injury? | | | | | Yes No | | | | | | | |
| If yes, please list name and contact number for each witness. | | | | | | | | | | | | |
| Full name |  | | | | | Telephone | |  | | | | |
| Full name |  | | | | | Telephone | |  | | | | |
| Full name |  | | | | | Telephone | |  | | | | |
| Full name |  | | | | | Telephone | |  | | | | |
| Full name |  | | | | | Telephone | |  | | | | |

|  |  |
| --- | --- |
| Follow up | |
| Has the injury been reported to the Branch Safety Officer or Branch Executives? | Yes No |
| Was any treatment provided? | Yes No |
| If yes, please provide details. | |
|  | |
| Has the injured worker returned to work (volunteer rescue and care work included) following the injury? | Yes No |
| If yes, please provide details. | |
|  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Details of person making this entry | | | |
| First name |  | Last name |  |
| Position |  | Branch/Department |  |
| Email |  | Date |  |
| If you are not the injured worker, did you witness the injury? | | | Yes No |

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# VSM TO COMPLETE

## VSM confirming receipt of the incident report

|  |  |  |  |
| --- | --- | --- | --- |
| First name |  | Last name |  |
| Position |  | Department |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of incident |  | Date incident report received |  |

|  |  |
| --- | --- |
| Has an investigation been conducted into the incident? If yes, by whom? | Yes No N/A |
| If yes, by whom? | |
|  | |
| Has SafeWork been notified of any notifiable incidents? | Yes No |
| What controls have been implemented to ensure the incident doesn’t happen again? | |
|  | |